

## **Address Request/Change**

Fill out the following request form as accurately as possible and return by mail, hand delivery, or fax to:

\*Address Coordinator, City Engineering Department, Suite 130

\*401 N. Morton Street, Bloomington, IN 47404.

Fax: (812) 349-3520

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Agency Name.	Ear #.		Emai	1.
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Cianatana a Communication	erent than above):			Data
Signature of Owner or	Agent:			_ Date:
<b>Property Location:</b>				
Street Name and Numb	oer (If known):			
Subdivision:				
Section and Township	of subject property (If kr	nown):		
Property type: SF	R (Single Family Reside	ence) APT/CO	NDO 🔲 C	OM (Commercial)
General Description of	Your Location.			
				ject property, and their Direction site plan with this application.
Reason for Address Re	quest:			
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